

Note: Six additional volumes are on the docket

reasons for the extension and the expected decision date.

The claimant will be notified of the results of the review in writing after the determination.

Any notification of an adverse determination on review will:

- (1) state the specific reason(s) for the adverse determination;
- (2) reference the specific Plan provisions on which the adverse determination is based;
- (3) state that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claimant's claim for benefits; and
- (4) state that the claimant has the right to bring a civil action under ERISA section 502(a).

### **12.7 Limitation on Actions.**

(a) Adverse Determinations. No suit or legal action with respect to an adverse determination may be commenced more than forty-two months from the date of the final decision on the claim for benefits (including the decision on review).

(b) Other Actions. Except as provided in Section 12.7(a), no action alleging an omission, violation, or breach of any responsibility, duty, or obligation imposed by this Plan (or any internal rule, guideline, or protocol) or any applicable law may be commenced after the earlier of –

- (1) six years after the date of the omission, violation, or breach, or
- (2) three years after the earliest date on which the plaintiff had actual or constructive knowledge of the omission, violation, or breach,

except as provided in ERISA section 413 (but only where the fraud or concealment is separate from the offense and intended to conceal the existence of the offense).

**12.8 Receipt of Documents.** Correspondence, applications, forms, elections, designations, and other documents of any type are deemed received by the Retirement Board only if and when actually received by the Retirement Board, and not when mailed or otherwise sent or transmitted to the Retirement Board. The common law "mailbox rule" is expressly rejected.

**12.9 No Employment Contract.** This Plan creates no contract of employment between the Employer or the League and any Player.

**12.10 Governing Law.** To the extent permitted by applicable law, this Plan will be administered, construed, and enforced according to the laws of the State of New York.

**12.11 Severability.** If any provision of this Plan is held illegal or void, such illegality or invalidity will not affect the remaining provisions of this Plan, but any such provision will be fully severable and the Plan will be construed and enforced as if the illegal or invalid provision had never been included.

**12.12 Recovery of Certain Overpayments.** If false information submitted by or on behalf of a Player causes the Player to receive amounts under the Plan to which such Player is not entitled, any future disability benefits payable to the Player or his beneficiary (including a Dependent or alternate payee) under Articles 5 or 6 of the Plan will be reduced by the amount of the overpayment from the Plan, plus an interest rate of 6% per year.

**12.13 Qualified Military Service.**

(a) Notwithstanding any other provision of the Plan to the contrary, contributions, benefits and service credit with respect to qualified military service will be provided in accordance with Code section 414(u).

(b) Effective January 1, 2007, the surviving Spouse or minor children of a Player who dies while performing qualified military service (as defined under section 414(u) of the Code) shall be entitled to any additional benefits (other than benefit accruals relating to the period of qualified military service) that would be provided under the Plan had the Participant died as an Active Player, in accordance with Code section 401(a)(37).

**12.14 Location of Payee Unknown.** If the Plan Director, after following the procedures adopted by the Retirement Board, cannot locate a Player or beneficiary to whom a benefit is payable, the entire benefit of and amount payable to such Player or beneficiary are forfeited at the end of that Plan Year. The amounts so forfeited will be separately accounted for as determined by the Retirement Board. The forfeiture shall be applied to reduce future Employer contributions. If the Player or beneficiary subsequently applies for the benefit (or, in cases where the right to receive payment of the benefit was previously established, the Plan is provided a proper address for the Player or beneficiary), the amount so forfeited (adjusted for interest or investment experience, if applicable) will be reinstated and all amounts then due will be paid to such Player or beneficiary.

**12.15 Counterparts.** This Plan may be executed in counterparts.

## APPENDIX A

### ACTUARIAL ASSUMPTIONS AND ACTUARIAL COST METHOD

Mortality rates:	RP-2000 Table projected to 2020																						
Disability mortality before age 65:	RP-2000 Table, disabled mortality																						
Nonfootball related disability rates before retirement:	<table><thead><tr><th colspan="2">Sample Rates</th></tr><tr><th><u>Age</u></th><th><u>Rate</u> *</th></tr></thead><tbody><tr><td>22</td><td>.19%</td></tr><tr><td>27</td><td>.19%</td></tr><tr><td>32</td><td>.19%</td></tr><tr><td>37</td><td>.26%</td></tr><tr><td>42</td><td>.45%</td></tr><tr><td>47</td><td>.90%</td></tr><tr><td>52</td><td>2.06%</td></tr><tr><td>57</td><td>4.28%</td></tr><tr><td>62</td><td>12.19%</td></tr></tbody></table>	Sample Rates		<u>Age</u>	<u>Rate</u> *	22	.19%	27	.19%	32	.19%	37	.26%	42	.45%	47	.90%	52	2.06%	57	4.28%	62	12.19%
Sample Rates																							
<u>Age</u>	<u>Rate</u> *																						
22	.19%																						
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42	.45%																						
47	.90%																						
52	2.06%																						
57	4.28%																						
62	12.19%																						
	* Rounded																						
Football related disability rates:	.35% per year for active Players and .28% per year for inactive Players up to 15 years after the Player's last Credited Season.																						
Line-of-duty rates:	<table><thead><tr><th><u>Age</u></th><th><u>Rate</u></th></tr></thead><tbody><tr><td>25–29</td><td>1.25%</td></tr><tr><td>30–39</td><td>5.00%</td></tr><tr><td>40–44</td><td>2.50%</td></tr><tr><td>45+</td><td>0.00%</td></tr></tbody></table>	<u>Age</u>	<u>Rate</u>	25–29	1.25%	30–39	5.00%	40–44	2.50%	45+	0.00%												
<u>Age</u>	<u>Rate</u>																						
25–29	1.25%																						
30–39	5.00%																						
40–44	2.50%																						
45+	0.00%																						
Election of early payment benefit:	35% of all Players elect the benefit at termination. No assumption for Players with no Credited Seasons before 1993.																						

Retirement age:	Player with Pre-93 Season	Player without Pre-93 Season
Age	Rate	Rate
45	15%	0%
46–49	3%	0%
50–54	2%	0%
55	25%	50%
56–59	5%	5%
60	10%	10%
61	5%	5%
62–63	10%	10%
64	25%	25%
65	100%	100%

Withdrawal rates:	For Players With Service of –	Rate
1 year	19.5%	
2 years	11.0%	
3 years	16.5%	
4 years	15.8%	
5 years	17.4%	
6 years	18.4%	
7 years	19.9%	
8 years	21.4%	
9 years	24.6%	
10 years	26.2%	
11 years	28.2%	
12 years	30.5%	
13 years	35.6%	
14 years	37.2%	
15 years	42.5%	
16 years	55.8%	
17 years	68.7%	
18 years	78.6%	
19 years	90.6%	
20 years	100.0%	

Percent married:	Social Security awards in 1972.
Age of Player's wife:	Three years younger than Player.
Remarriage and mortality rates for widow's benefit:	1980 Railroad Retirement Board rates.
Net investment return:	7.25%.

Administration expenses:	Actual for prior year.
Valuation date:	First day of Plan Year.
Actuarial value of assets:	Five-year asset smoothing method.
Funding method:	Unit credit cost method.
Contribution Amount:	The contribution for each year will equal the Non-Legacy Benefits Contribution plus the Legacy Benefits Contribution in the table below. In no event shall the Non-Legacy Benefits Contribution in a year exceed an amount which is expected to produce a negative unfunded actuarial liability at the end of the Plan Year; nor shall the contribution be less than the minimum required under ERISA.
Amortization Period:	The Plan's unfunded actuarial accrued liability, not including the Legacy Benefit, as of April 1, 2011 will be amortized in level amounts over 7 years.

Contribution Amounts		
Season	Non-Legacy Benefits*	Legacy Benefits
2011	\$140.5M	\$31.62M
2012	Normal Cost plus unpaid amortizations from years on or after 2011 plus 7-year amortization of new bases for the current year minus \$139.04M.	\$31.62M
2013	Normal Cost plus unpaid amortizations from years on or after 2011 plus 7-year amortization of new bases for the current year minus amounts to keep salary cap at \$3,859.2M ("Salary Cap Offset"), not less than the amount to account for benefit changes (other than the Legacy Benefit) occurring in or after 2011.	\$31.62M
2014	Normal Cost plus unpaid amortizations from years on or after 2011 plus 7-year amortization of new bases for the current year plus \$99.2M with interest from 2012 at 7.25%.	\$65.375M
2015	Normal Cost plus unpaid amortizations from years on or after 2011 plus 7-year amortization of new bases for the current year plus \$39.84M with interest at 7.25% from 2012 plus Salary Cap Offset from 2013 with interest at 7.25%.	\$65.375M plus \$33.755M with 7.25% interest from 2012 plus \$33.755M with interest at 7.25% from 2013.

2016-2020	Normal Cost plus unpaid amortizations from years on or after 2011 plus 7-year amortization of new bases for the current year.	\$65.375M
* Non-legacy amounts will not be less than the amounts necessary to meet any funding improvement plan plus a contribution equal to the Normal Cost plus 7-year amortization for any plan amendments occurring in or after 2011, while the Plan is under the funding improvement plan that started in the 2011 Plan Year.		

## APPENDIX B

### CONVERSION FACTORS

The following conversion factors will be used in determining actuarial equivalencies of the benefits under the Bert Bell/Pete Rozelle NFL Player Retirement Plan:

1. Life and Ten-Year Certain Pension Option (Section 4.4(b)(6)) – 99% minus 0.4% for each complete year of age greater than age forty-five on the effective date.
2. Life Only Pension with Social Security Adjustment Option (Section 4.4(b)(4)) –
  - (a) For Players with Annuity Starting Dates on or after April 1, 2007, the greater of the benefit calculated using (a) Tables I and II attached, or (b) the assumptions in Sections 5(a) and (b) of this Appendix B.
  - (b) For all other payments, see Tables I and II attached.
3. Early Retirement Reduction and Deferred Retirement Increases (Section 4.3) – see Table III attached.
4. Qualified Joint and Survivor Annuity Option (Section 4.4(b)(2)) and Life and Contingent Annuitant Pension Option (Section 4.4(b)(5)) –
  - (a) For Players with an Annuity Starting Date on or after September 1, 2007 who had not attained age fifty-five as of September 1, 2007 and who elect (i) the Qualified Joint and Survivor Annuity Option (Section 4.4(b)(2)), or (ii) the Contingent Annuitant Pension Option (Section 4.4(b)(5)) where the Player's Spouse is the contingent annuitant, see Table IV attached.
  - (b) For all other payments, see Table V attached.
5. Early Payment Benefit (Section 4.5) – Effective April 1, 2008
  - (a) The mortality rates per the "applicable mortality table" under Code section 417(e)(3)(B), as specified in published guidance from the Internal Revenue Service as in effect at the relevant time, which includes (A) for distributions with an Annuity Starting Date on or after January 1, 2008, Revenue Ruling 2007-67, and (B) for distributions with an Annuity Starting Date on or after January 1, 2009, until subsequent guidance is issued, Notice 2008-85.
  - (b) The interest rate assumption used is the applicable interest rate described in section 417(e)(3)(C) for the second month preceding the first day of the Plan Year for which the calculation is made, as determined in accordance with published guidance from the Internal Revenue Service.

Notwithstanding the foregoing, if they produce a larger benefit than the assumptions set forth in (a) and (b) above, the following actuarial assumptions will be used:

- (i) a mortality assumption from the 1951 Group Annuity Mortality Table for males with ages set back one year, and
- (ii) an interest rate assumption of 6%.

Further, for Annuity Starting Dates that occur on or after April 1, 2000 and prior to August 1, 2000, in lieu of the interest rate set forth in (ii), the following interest assumptions will be used if they would result in a greater benefit:

- (iii) the "applicable interest rate" (as defined below), if the present value of the benefit (using such rate or rates) is not in excess of \$25,000; or
- (iv) 120% of the "applicable interest rate" (as defined below), if the present value of the benefit exceeds \$25,000 (as determined under paragraph (iii) above) and if the present value determined under this paragraph (iv) is at least \$25,000.

As used herein, "applicable interest rate" will be the interest rate or rates which would be used (as of the first day of the Plan Year in which the distribution is made) by the Pension Benefit Guaranty Corporation for a trustee single employer plan to value a benefit upon termination of an insufficient trustee single employer plan.

6. All other calculations – The 1951 Group Annuity Table, with ages set back one year for males and five years for females with a 6% per annum interest rate, will be used for all calculations where 1 through 5 of this Appendix B is not applicable. All Players are assumed to be males and all beneficiaries are assumed to be females.

**Table I**  
**Social Security Adjustment**

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Increase in pension until age 62 for each \$100 by which the increased pension is reduced thereafter.

<u>Player's Age on Effective Date</u>	<u>Increase</u>
45	\$23.93
46	25.76
47	27.75
48	29.93
49	32.31
50	34.92
51	37.79
52	40.95
53	44.43
54	48.28
55	52.54
56	57.27
57	62.53
58	68.40
59	74.96
60	82.33
61	90.63

For example, assume a Player is entitled to an Early Retirement Pension of \$1,900 per month at age 49 and that his estimated Social Security benefit at age 62 is \$1,500. His benefit would be computed as follows:

$$\begin{aligned}
 \text{Before age 62} &= \$1,900 + [(\$1,500/100 \times 32.31)] \\
 &= \$1,900 + \$484.65 \\
 &= \$2,384.65
 \end{aligned}$$
  

$$\begin{aligned}
 \text{After age 62} &= \$2,384.65 - \$1,500 \\
 &= \$884.65
 \end{aligned}$$

**Table II**  
**Social Security Adjustment**

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If a monthly benefit at age 62 from Table I is less than \$50, the increase in the benefit until age 62 is the product of the Early Retirement Pension minus \$50 and the appropriate factor from the table shown below.

<u>Player's Age on Effective Date</u>	<u>Percentage Factor</u>
45	31.47
46	34.70
47	38.41
48	42.71
49	47.73
50	53.66
51	60.75
52	69.34
53	79.95
54	93.34
55	110.69
56	134.00
57	166.86
58	216.41
59	299.39
60	465.95
61	966.84

For example, assume a Player is entitled to an Early Retirement Pension of \$700 per month at age 50 and that his estimated Social Security benefit is \$1,500 per month. His benefit, as computed using the first table produces a benefit at age 62 of less than \$50 (actually negative \$276.20). His benefit would therefore be calculated as follows:

$$\begin{aligned}
 \text{Before age 62} &= (\$700 - \$50) \times .5366 \\
 &= \$650 \times .5366 \\
 &= \$348.79
 \end{aligned}$$

Therefore, the benefit payable to age 62 is \$1,048.79 (\$700 + \$348.79), and the benefit payable at and after age 62 is \$50.

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**Table III**

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**Early Retirement Reduction Factors**

Percentage of Normal Retirement Pension payable at specified age.

<b>Age</b>	<b>Percentage</b>
45	45.2%
46	48.7
47	52.5
48	56.7
49	61.2
50	66.2
51	71.7
52	77.7
53	84.4
54	91.8

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**Deferred Retirement Increase Factors**

Percentage of Normal Retirement Pension Payable at specified age.

<b>Age</b>	<b>Percentage</b>
56	109.1%
57	119.1
58	130.5
59	143.1
60	157.3
61	173.3
62	191.3
63	211.8
64	235.2
65	261.9

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**Table IV****Table to Convert Benefit Credits to Joint and Survivor Options When the Player's Spouse is the Beneficiary and the Player Had Not Attained Age 55 As Of September 1, 2007**

If 100% of the benefit payable during the lifetime of the Player and his Spouse is paid to the Spouse if the Player dies first, then the applicable factor from this chart is applied to the benefit.

If the Player's Spouse receives less than 100% of the benefit, the appropriate factor is obtained from line 5 of the following worksheet:

- (1) Enter the percent (in decimal form) of the Player's benefit to go to the Player's Spouse on his death: \_\_\_\_\_

- (2) Enter the factor from this Table IV if 100% of the benefit was to go to the Player's Spouse: \_\_\_\_\_

- (3) Multiply the entries on lines (1) and (2) and enter here: \_\_\_\_\_

- (4) Add the entries on lines (1) and (2) and subtract the entry on line (3): \_\_\_\_\_

- (5) Divide the entry on line (2) by the entry on line (4) (the answer should be carried to three decimal places): \_\_\_\_\_

**Table IV, continued****Table to Convert Credits to Joint and Survivor Options****When the Player's Spouse is the Beneficiary and the Player Had Not Attained Age 55 As Of September 1, 2007**

<b>Age of Player When Benefits Begin To Be Paid</b>	<b>Age of Spouse When Benefits Begin To Be Paid To Player</b>
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	25	26	27	28	29	30	31
<b>45</b>	0.832	0.834	0.836	0.838	0.840	0.843	0.845
<b>46</b>	0.822	0.824	0.826	0.828	0.830	0.833	0.835
<b>47</b>	0.811	0.813	0.816	0.818	0.820	0.822	0.825
<b>48</b>	0.801	0.803	0.805	0.807	0.809	0.812	0.814
<b>49</b>	0.789	0.792	0.794	0.796	0.798	0.801	0.803
<b>50</b>	0.778	0.780	0.782	0.784	0.787	0.789	0.792
<b>51</b>	0.766	0.768	0.771	0.773	0.775	0.778	0.780
<b>52</b>	0.754	0.756	0.759	0.761	0.763	0.766	0.768
<b>53</b>	0.742	0.744	0.746	0.748	0.751	0.753	0.756
<b>54</b>	0.729	0.731	0.734	0.736	0.738	0.741	0.743
<b>55</b>	0.716	0.719	0.721	0.723	0.725	0.728	0.730
<b>56</b>	0.703	0.705	0.707	0.710	0.712	0.714	0.717
<b>57</b>	0.690	0.692	0.694	0.696	0.698	0.701	0.703
<b>58</b>	0.676	0.678	0.680	0.682	0.684	0.687	0.689
<b>59</b>	0.661	0.663	0.665	0.668	0.670	0.672	0.675
<b>60</b>	0.647	0.649	0.651	0.653	0.655	0.657	0.660
<b>61</b>	0.632	0.633	0.635	0.638	0.640	0.642	0.645
<b>62</b>	0.616	0.618	0.620	0.622	0.624	0.626	0.629
<b>63</b>	0.600	0.602	0.604	0.606	0.608	0.610	0.613
<b>64</b>	0.584	0.586	0.587	0.589	0.592	0.594	0.596
<b>65</b>	0.567	0.569	0.571	0.573	0.575	0.577	0.579

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Table IV, continued

**Table to Convert Credits to Joint and Survivor Options  
When the Player's Spouse is the Beneficiary and the Player Had Not Attained Age 55 As Of September 1, 2007**

**Age of Player When Benefits Begin To Be Paid      Age of Spouse When Benefits Begin To Be Paid To Player**

	32	33	34	35	36	37	38
45	0.848	0.850	0.853	0.855	0.858	0.861	0.864
46	0.838	0.840	0.843	0.846	0.848	0.851	0.854
47	0.827	0.830	0.833	0.835	0.838	0.841	0.844
48	0.817	0.819	0.822	0.825	0.828	0.831	0.834
49	0.806	0.808	0.811	0.814	0.817	0.820	0.823
50	0.794	0.797	0.800	0.803	0.806	0.809	0.812
51	0.783	0.785	0.788	0.791	0.794	0.797	0.801
52	0.771	0.773	0.776	0.779	0.782	0.786	0.789
53	0.758	0.761	0.764	0.767	0.770	0.773	0.777
54	0.746	0.749	0.751	0.754	0.758	0.761	0.764
55	0.733	0.736	0.739	0.742	0.745	0.748	0.751
56	0.720	0.722	0.725	0.728	0.731	0.735	0.738
57	0.706	0.709	0.712	0.715	0.718	0.721	0.724
58	0.692	0.695	0.697	0.700	0.704	0.707	0.710
59	0.677	0.680	0.683	0.686	0.689	0.692	0.696
60	0.662	0.665	0.668	0.671	0.674	0.677	0.681
61	0.647	0.650	0.653	0.656	0.659	0.662	0.665
62	0.631	0.634	0.637	0.640	0.643	0.646	0.649
63	0.615	0.618	0.621	0.624	0.627	0.630	0.633
64	0.599	0.601	0.604	0.607	0.610	0.613	0.616
65	0.582	0.584	0.587	0.590	0.593	0.596	0.599

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Table IV, continued**Table to Convert Credits to Joint and Survivor Options****When the Player's Spouse is the Beneficiary and the Player Had Not Attained Age 55 As Of September 1, 2007**

<b>Age of Player When Benefits Begin To Be Paid</b>	<b>Age of Spouse When Benefits Begin To Be Paid To Player</b>						
	39	40	41	42	43	44	45

45	0.867	0.870	0.873	0.876	0.879	0.882	0.885
46	0.857	0.860	0.863	0.866	0.870	0.873	0.876
47	0.847	0.850	0.854	0.857	0.860	0.863	0.867
48	0.837	0.840	0.843	0.847	0.850	0.854	0.857
49	0.826	0.830	0.833	0.836	0.840	0.843	0.847
50	0.815	0.819	0.822	0.826	0.829	0.833	0.837
51	0.804	0.807	0.811	0.814	0.818	0.822	0.826
52	0.792	0.796	0.799	0.803	0.807	0.810	0.814
53	0.780	0.784	0.787	0.791	0.795	0.799	0.803
54	0.768	0.771	0.775	0.779	0.782	0.786	0.791
55	0.755	0.758	0.762	0.766	0.770	0.774	0.778
56	0.742	0.745	0.749	0.753	0.757	0.761	0.765
57	0.728	0.732	0.735	0.739	0.743	0.747	0.752
58	0.714	0.717	0.721	0.725	0.729	0.733	0.738
59	0.699	0.703	0.707	0.711	0.715	0.719	0.723
60	0.684	0.688	0.692	0.696	0.700	0.704	0.708
61	0.669	0.673	0.676	0.680	0.684	0.689	0.693
62	0.653	0.657	0.660	0.664	0.668	0.673	0.677
63	0.637	0.640	0.644	0.648	0.652	0.656	0.661
64	0.620	0.623	0.627	0.631	0.635	0.639	0.644
65	0.603	0.606	0.610	0.614	0.618	0.622	0.626

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Table IV, continued**Table to Convert Credits to Joint and Survivor Options****When the Player's Spouse is the Beneficiary and the Player Had Not Attained Age 55 As Of September 1, 2007****Age of Player When Benefits Begin To Be Paid****Age of Spouse When Benefits Begin To Be Paid To Player**

	<b>60</b>	<b>61</b>	<b>62</b>	<b>63</b>	<b>64</b>	<b>65</b>	<b>66</b>
<b>45</b>	0.931	0.934	0.937	0.939	0.942	0.945	0.947
<b>46</b>	0.925	0.928	0.931	0.934	0.937	0.939	0.942
<b>47</b>	0.918	0.921	0.925	0.928	0.931	0.934	0.936
<b>48</b>	0.911	0.914	0.918	0.921	0.924	0.928	0.931
<b>49</b>	0.904	0.907	0.911	0.914	0.918	0.921	0.924
<b>50</b>	0.896	0.899	0.903	0.907	0.911	0.914	0.918
<b>51</b>	0.887	0.891	0.895	0.899	0.903	0.907	0.911
<b>52</b>	0.879	0.883	0.887	0.891	0.895	0.900	0.904
<b>53</b>	0.869	0.874	0.878	0.883	0.887	0.892	0.896
<b>54</b>	0.860	0.864	0.869	0.874	0.879	0.883	0.888
<b>55</b>	0.849	0.854	0.859	0.864	0.869	0.874	0.879
<b>56</b>	0.839	0.844	0.849	0.854	0.860	0.865	0.870
<b>57</b>	0.827	0.833	0.838	0.844	0.849	0.855	0.860
<b>58</b>	0.815	0.821	0.827	0.832	0.838	0.844	0.850
<b>59</b>	0.803	0.809	0.815	0.821	0.827	0.833	0.839
<b>60</b>	0.789	0.795	0.802	0.808	0.814	0.820	0.827
<b>61</b>	0.775	0.782	0.788	0.794	0.801	0.808	0.814
<b>62</b>	0.760	0.767	0.774	0.780	0.787	0.794	0.801
<b>63</b>	0.745	0.752	0.758	0.765	0.772	0.779	0.786
<b>64</b>	0.728	0.735	0.742	0.749	0.757	0.764	0.771
<b>65</b>	0.712	0.719	0.726	0.733	0.740	0.748	0.755

Table IV - Page 69

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**Table IV, continued****Table to Convert Credits to Joint and Survivor Options****When the Player's Spouse is the Beneficiary and the Player Had Not Attained Age 55 As Of September 1, 2007**

<b>Age of Player When Benefits Begin To Be Paid</b>	<b>Age of Spouse When Benefits Begin To Be Paid To Player</b>
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	67	68	69	70
<b>45</b>	0.950	0.952	0.954	0.956
<b>46</b>	0.945	0.947	0.950	0.952
<b>47</b>	0.939	0.942	0.945	0.947
<b>48</b>	0.934	0.937	0.939	0.942
<b>49</b>	0.928	0.931	0.934	0.937
<b>50</b>	0.921	0.925	0.928	0.931
<b>51</b>	0.915	0.918	0.922	0.925
<b>52</b>	0.908	0.911	0.915	0.919
<b>53</b>	0.900	0.904	0.908	0.912
<b>54</b>	0.892	0.897	0.901	0.905
<b>55</b>	0.884	0.888	0.893	0.898
<b>56</b>	0.875	0.880	0.885	0.890
<b>57</b>	0.865	0.871	0.876	0.881
<b>58</b>	0.855	0.861	0.866	0.872
<b>59</b>	0.845	0.850	0.856	0.862
<b>60</b>	0.833	0.839	0.845	0.851
<b>61</b>	0.821	0.827	0.834	0.840
<b>62</b>	0.807	0.814	0.821	0.828
<b>63</b>	0.793	0.801	0.808	0.815
<b>64</b>	0.779	0.786	0.793	0.801
<b>65</b>	0.763	0.771	0.778	0.786

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**Table V****Table to Convert Benefit Credits to Joint and Survivor Options When Player's Beneficiary is Not His Spouse or When Player Had Attained Age 55 As Of September 1, 2007**

If 100% of the benefit payable during the lifetime of the Player and his beneficiary is paid to the beneficiary if the Player dies first, then the applicable factor from this chart is applied to the benefit.

If the beneficiary receives less than 100% of the benefit, the appropriate factor is obtained from line 5 of the following worksheet:

- (1) Enter the percent (in decimal form) of the Player's benefit to go to the beneficiary on his death: \_\_\_\_\_
- (2) Enter the factor from this Table V if 100% of the benefit was to go to the beneficiary: \_\_\_\_\_
- (3) Multiply the entries on lines (1) and (2) and enter here: \_\_\_\_\_
- (4) Add the entries on lines (1) and (2) and subtract the entry on line (3): \_\_\_\_\_
- (5) Divide the entry on line (2) by the entry on line (4) (the answer should be carried to three decimal places): \_\_\_\_\_

**Table V**

**Table to Convert Credits to Joint and Survivor Options When Player's Beneficiary is Not His Spouse or When Player Had Attained Age 55 As Of September 1, 2007**

**Age of Player When**

**Benefits Begin To Be Paid      Age of Beneficiary When Benefits Begin To Be Paid To Player**

	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>
<b>45</b>	0.834	0.836	0.838	0.841	0.843	0.845	0.848
<b>46</b>	0.824	0.826	0.828	0.831	0.833	0.835	0.838
<b>47</b>	0.813	0.816	0.818	0.820	0.823	0.825	0.828
<b>48</b>	0.803	0.805	0.807	0.809	0.812	0.814	0.817
<b>49</b>	0.791	0.794	0.796	0.798	0.801	0.803	0.806
<b>50</b>	0.780	0.782	0.784	0.787	0.789	0.792	0.795
<b>51</b>	0.768	0.770	0.773	0.775	0.778	0.780	0.783
<b>52</b>	0.756	0.758	0.761	0.763	0.766	0.768	0.771
<b>53</b>	0.744	0.746	0.748	0.751	0.753	0.756	0.759
<b>54</b>	0.731	0.733	0.736	0.738	0.741	0.743	0.746
<b>55</b>	0.718	0.721	0.723	0.725	0.728	0.730	0.733
<b>56</b>	0.705	0.707	0.709	0.712	0.714	0.717	0.720
<b>57</b>	0.691	0.694	0.696	0.698	0.701	0.703	0.706
<b>58</b>	0.677	0.680	0.682	0.684	0.687	0.689	0.692
<b>59</b>	0.663	0.665	0.667	0.670	0.672	0.675	0.677
<b>60</b>	0.648	0.650	0.653	0.655	0.657	0.660	0.662
<b>61</b>	0.633	0.635	0.637	0.640	0.642	0.644	0.647
<b>62</b>	0.618	0.620	0.622	0.624	0.626	0.629	0.631
<b>63</b>	0.602	0.604	0.606	0.608	0.610	0.612	0.615
<b>64</b>	0.585	0.587	0.589	0.591	0.594	0.596	0.598
<b>65</b>	0.569	0.571	0.573	0.575	0.577	0.579	0.582

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Table V, continued**Table to Convert Credits to Joint and Survivor Options When Player's Beneficiary is Not His Spouse or When Player Had Attained Age 55 As Of September 1, 2007****Age of Player When****Benefits Begin To Be Paid****Age of Beneficiary When Benefits Begin To Be Paid To Player**

	32	33	34	35	36	37	38
45	0.851	0.853	0.856	0.859	0.862	0.865	0.868
46	0.841	0.844	0.846	0.849	0.853	0.856	0.859
47	0.830	0.833	0.836	0.839	0.842	0.846	0.849
48	0.820	0.823	0.826	0.829	0.832	0.835	0.839
49	0.809	0.812	0.815	0.818	0.821	0.825	0.828
50	0.798	0.800	0.804	0.807	0.810	0.813	0.817
51	0.786	0.789	0.792	0.795	0.799	0.802	0.806
52	0.774	0.777	0.780	0.783	0.787	0.790	0.794
53	0.762	0.765	0.768	0.771	0.774	0.778	0.782
54	0.749	0.752	0.755	0.758	0.762	0.765	0.769
55	0.736	0.739	0.742	0.745	0.749	0.752	0.756
56	0.723	0.726	0.729	0.732	0.735	0.739	0.743
57	0.709	0.712	0.715	0.718	0.722	0.725	0.729
58	0.695	0.698	0.701	0.704	0.708	0.711	0.715
59	0.680	0.683	0.686	0.690	0.693	0.697	0.700
60	0.665	0.668	0.671	0.675	0.678	0.681	0.685
61	0.650	0.653	0.656	0.659	0.662	0.666	0.670
62	0.634	0.637	0.640	0.643	0.646	0.650	0.654
63	0.618	0.621	0.624	0.627	0.630	0.633	0.637
64	0.601	0.604	0.607	0.610	0.613	0.617	0.620
65	0.584	0.587	0.590	0.593	0.596	0.599	0.603

Table V - Page 73

**Table V, continued****Table to Convert Credits to Joint and Survivor Options When Player's Beneficiary is Not His Spouse or When Player Had Attained Age 55 As Of September 1, 2007****Age of Player When****Benefits Begin To Be Paid      Age of Beneficiary When Benefits Begin To Be Paid To Player**

	<b>39</b>	<b>40</b>	<b>41</b>	<b>42</b>	<b>43</b>	<b>44</b>	<b>45</b>
<b>45</b>	0.872	0.875	0.878	0.882	0.886	0.889	0.893
<b>46</b>	0.862	0.865	0.869	0.873	0.877	0.881	0.884
<b>47</b>	0.852	0.856	0.859	0.863	0.867	0.871	0.875
<b>48</b>	0.842	0.846	0.849	0.853	0.857	0.861	0.866
<b>49</b>	0.832	0.835	0.839	0.843	0.847	0.851	0.856
<b>50</b>	0.821	0.824	0.828	0.832	0.836	0.841	0.845
<b>51</b>	0.809	0.813	0.817	0.821	0.825	0.830	0.834
<b>52</b>	0.798	0.801	0.805	0.809	0.814	0.818	0.823
<b>53</b>	0.785	0.789	0.793	0.797	0.802	0.807	0.811
<b>54</b>	0.773	0.777	0.781	0.785	0.790	0.794	0.799
<b>55</b>	0.760	0.764	0.768	0.772	0.777	0.782	0.787
<b>56</b>	0.747	0.751	0.755	0.759	0.764	0.769	0.774
<b>57</b>	0.733	0.737	0.741	0.746	0.750	0.755	0.760
<b>58</b>	0.719	0.723	0.727	0.732	0.736	0.741	0.746
<b>59</b>	0.704	0.709	0.713	0.717	0.722	0.727	0.732
<b>60</b>	0.689	0.693	0.698	0.702	0.707	0.711	0.716
<b>61</b>	0.674	0.678	0.682	0.686	0.691	0.696	0.701
<b>62</b>	0.657	0.662	0.666	0.670	0.675	0.680	0.685
<b>63</b>	0.641	0.645	0.650	0.654	0.658	0.663	0.668
<b>64</b>	0.624	0.628	0.633	0.637	0.641	0.646	0.651
<b>65</b>	0.607	0.611	0.615	0.620	0.624	0.629	0.633

Table V - Page 74

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Table V, continued**Table to Convert Credits to Joint and Survivor Options When Player's Beneficiary is Not His Spouse or When Player Had Attained Age 55 As Of September 1, 2007****Age of Player When****Benefits Begin To Be Paid      Age of Beneficiary When Benefits Begin To Be Paid To Player**

	<b>46</b>	<b>47</b>	<b>48</b>	<b>49</b>	<b>50</b>	<b>51</b>	<b>52</b>
<b>45</b>	0.897	0.901	0.905	0.909	0.913	0.917	0.921
<b>46</b>	0.888	0.893	0.897	0.901	0.905	0.909	0.914
<b>47</b>	0.879	0.884	0.888	0.892	0.897	0.901	0.906
<b>48</b>	0.870	0.874	0.879	0.883	0.888	0.893	0.897
<b>49</b>	0.860	0.865	0.869	0.874	0.879	0.884	0.889
<b>50</b>	0.850	0.855	0.859	0.864	0.869	0.874	0.879
<b>51</b>	0.839	0.844	0.849	0.854	0.859	0.864	0.870
<b>52</b>	0.828	0.833	0.838	0.843	0.849	0.854	0.859
<b>53</b>	0.816	0.821	0.827	0.832	0.837	0.843	0.849
<b>54</b>	0.804	0.809	0.815	0.820	0.826	0.832	0.838
<b>55</b>	0.792	0.797	0.802	0.808	0.814	0.820	0.826
<b>56</b>	0.779	0.784	0.790	0.795	0.801	0.807	0.814
<b>57</b>	0.765	0.771	0.776	0.782	0.788	0.794	0.801
<b>58</b>	0.751	0.757	0.762	0.768	0.774	0.781	0.787
<b>59</b>	0.737	0.742	0.748	0.754	0.760	0.767	0.773
<b>60</b>	0.722	0.727	0.733	0.739	0.745	0.752	0.759
<b>61</b>	0.706	0.712	0.718	0.724	0.730	0.736	0.743
<b>62</b>	0.690	0.696	0.701	0.707	0.714	0.720	0.727
<b>63</b>	0.673	0.679	0.685	0.691	0.697	0.704	0.710
<b>64</b>	0.656	0.662	0.667	0.673	0.680	0.686	0.693
<b>65</b>	0.639	0.644	0.650	0.656	0.662	0.669	0.675

Table V - Page 75

Table V, continued

**Table to Convert Credits to Joint and Survivor Options When Player's Beneficiary is Not His Spouse or When Player Had Attained Age 55 As Of September 1, 2007**

**Age of Player When**

**Benefits Begin To Be Paid      Age of Beneficiary When Benefits Begin To Be Paid To Player**

	53	54	55	56	57	58	59
<b>45</b>	0.925	0.929	0.933	0.937	0.941	0.945	0.949
<b>46</b>	0.918	0.922	0.927	0.931	0.935	0.939	0.944
<b>47</b>	0.910	0.915	0.919	0.924	0.928	0.933	0.937
<b>48</b>	0.902	0.907	0.912	0.917	0.921	0.926	0.931
<b>49</b>	0.894	0.899	0.904	0.909	0.914	0.919	0.924
<b>50</b>	0.885	0.890	0.895	0.901	0.906	0.911	0.916
<b>51</b>	0.875	0.881	0.886	0.892	0.897	0.903	0.909
<b>52</b>	0.865	0.871	0.877	0.883	0.888	0.894	0.900
<b>53</b>	0.855	0.861	0.867	0.873	0.879	0.885	0.891
<b>54</b>	0.844	0.850	0.856	0.862	0.869	0.875	0.882
<b>55</b>	0.832	0.839	0.845	0.852	0.858	0.865	0.872
<b>56</b>	0.820	0.827	0.833	0.840	0.847	0.854	0.861
<b>57</b>	0.807	0.814	0.821	0.828	0.835	0.843	0.850
<b>58</b>	0.794	0.801	0.808	0.815	0.823	0.831	0.838
<b>59</b>	0.780	0.787	0.795	0.802	0.810	0.818	0.826
<b>60</b>	0.766	0.773	0.780	0.788	0.796	0.804	0.812
<b>61</b>	0.750	0.758	0.765	0.773	0.781	0.789	0.798
<b>62</b>	0.734	0.742	0.749	0.757	0.766	0.774	0.783
<b>63</b>	0.718	0.725	0.733	0.741	0.750	0.758	0.767
<b>64</b>	0.700	0.708	0.715	0.724	0.733	0.741	0.750
<b>65</b>	0.683	0.690	0.698	0.706	0.715	0.724	0.733

Table V - Page 76

Table V, continued

Table to Convert Credits to Joint and Survivor Options When Player's Beneficiary is Not His Spouse or When Player Had Attained Age 55 As Of September 1, 2007

Age of Player When

Benefits Begin To Be Paid      Age of Beneficiary When Benefits Begin To Be Paid To Player

	60	61	62	63	64	65	66
45	0.953	0.957	0.961	0.964	0.968	0.971	0.975
46	0.948	0.952	0.956	0.960	0.963	0.967	0.971
47	0.942	0.946	0.950	0.955	0.959	0.963	0.967
48	0.936	0.940	0.945	0.949	0.954	0.958	0.962
49	0.929	0.934	0.939	0.944	0.948	0.953	0.957
50	0.922	0.927	0.932	0.937	0.942	0.947	0.952
51	0.914	0.920	0.925	0.931	0.936	0.941	0.946
52	0.906	0.912	0.918	0.924	0.929	0.935	0.940
53	0.898	0.904	0.910	0.916	0.922	0.928	0.934
54	0.889	0.895	0.902	0.908	0.915	0.921	0.927
55	0.879	0.886	0.893	0.900	0.906	0.913	0.920
56	0.869	0.876	0.883	0.890	0.898	0.905	0.912
57	0.858	0.865	0.873	0.881	0.888	0.896	0.903
58	0.846	0.854	0.862	0.870	0.878	0.886	0.894
59	0.834	0.842	0.850	0.859	0.867	0.875	0.884
60	0.821	0.828	0.838	0.847	0.855	0.864	0.873
61	0.807	0.816	0.825	0.834	0.843	0.852	0.861
62	0.792	0.801	0.810	0.820	0.829	0.839	0.848
63	0.776	0.786	0.795	0.805	0.815	0.825	0.835
64	0.760	0.769	0.779	0.789	0.800	0.810	0.820
65	0.743	0.752	0.763	0.773	0.783	0.794	0.805

Table V - Page 77

Table V, continued

**Table to Convert Credits to Joint and Survivor Options When Player's Beneficiary is Not His Spouse or When Player Had Attained Age 55 As Of September 1, 2007**

**Age of Player When Benefits Begin To Be Paid**

**Age of Beneficiary When Benefits Begin To Be Paid To Player**

	67	68	69	70
45	0.978	0.981	0.984	0.987
46	0.974	0.978	0.981	0.984
47	0.970	0.974	0.978	0.981
48	0.966	0.970	0.974	0.978
49	0.962	0.966	0.970	0.974
50	0.957	0.961	0.966	0.970
51	0.951	0.956	0.961	0.966
52	0.946	0.951	0.956	0.961
53	0.945	0.945	0.951	0.956
54	0.933	0.939	0.945	0.951
55	0.926	0.933	0.939	0.945
56	0.919	0.925	0.932	0.939
57	0.910	0.918	0.925	0.932
58	0.902	0.909	0.917	0.925
59	0.892	0.900	0.908	0.916
60	0.882	0.890	0.899	0.907
61	0.870	0.880	0.889	0.898
62	0.858	0.868	0.877	0.887
63	0.845	0.855	0.865	0.875
64	0.831	0.842	0.852	0.863
65	0.816	0.827	0.838	0.849

### EXECUTION

**IN WITNESS WHEREOF**, the NFLPA and the Management Council have caused this Bert Bell/Pete Rozelle NFL Player Retirement Plan restatement, effective as of April 1, 2012, to be executed.

**NATIONAL FOOTBALL LEAGUE  
PLAYERS ASSOCIATION**

By: Michelle Lyles Davis  
Date: 29 July 2012

**NATIONAL FOOTBALL LEAGUE  
MANAGEMENT COUNCIL**

By: \_\_\_\_\_  
Date: \_\_\_\_\_

## EXECUTION

**IN WITNESS WHEREOF**, the NFLPA and the Management Council have caused this Bert Bell/Pete Rozelle NFL Player Retirement Plan restatement, effective as of April 1, 2012, to be executed.

**NATIONAL FOOTBALL LEAGUE  
PLAYERS ASSOCIATION**

By: \_\_\_\_\_

Date: \_\_\_\_\_

**NATIONAL FOOTBALL LEAGUE  
MANAGEMENT COUNCIL**

By: *Devin L. Carter*  
Date: *JUL 28 2012*



## NFL Player Benefits

200 St. Paul Place • Suite 2420 • Baltimore, Maryland 21202-2040  
410-685-5069 • 800-638-3186 • Fax 410-783-0041



April 21, 2006

Mr. Darren Mickell  
9250 Chelsea Drive  
Miramar, FL 33025

### Certified Article Number

7160 3901 9849 2360 6185

### SENDERS RECORD

#### Re: Application for Disability Benefits

Dear Mr. Mickell:

As you requested, we are sending you an application for disability benefits. All claims for disability benefits received in this office must be submitted on the enclosed application form. Please complete the application form, attach all requested documents, include a copy of your birth certificate, and submit to the Plan Office.

The Plan Office will notify you when it receives your application form and will advise you whether any additional information is required in connection with your application.

For your information, a copy of the Bert Bell/Pete Rozelle NFL Player Retirement Plan Summary Plan Description also is enclosed.

If you have any questions, you may contact the Plan Office.

Very truly yours,

Paul Scott  
Benefits Coordinator

prs

Enclosures

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### NFL Player Benefits

200 Saint Paul Street • Suite 2420 • Baltimore, Maryland 21202-2008  
 410-685-5069 • 800-638-3186 • Fax 410-783-0041



November 17, 2008

Mr. Darren Mickell  
 9250 Chelsea Drive  
 Miramar, FL 33025

#### Certified Article Number

7160 3901 9845 2719 9014

#### SENDERS RECORD

#### Re: Application for Disability Benefits

Dear Mr. Mickell:

As you requested, we are sending you an application for disability benefits. All claims for disability benefits received in this office must be submitted on the enclosed application form. Please complete the application form, attach all requested documents, include a copy of your birth certificate, and submit to the Plan Office.

The Plan Office will notify you when it receives your application form and will advise you whether any additional information is required in connection with your application.

For your information, a copy of the Bert Bell/Pete Rozelle NFL Player Retirement Plan Summary Plan Description also is enclosed.

If you have any questions, you may contact the Plan Office.

Very truly yours,

  
 Paul Scott  
 Benefits Coordinator

Enclosures

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A0201



**NFL Player Benefits**  
200 Saint Paul Street • Suite 2420 • Baltimore, Maryland 21202-2008  
410-685-5069 • 800-638-3186 • Fax 410-783-0041

  
**NFL PLAYERS  
ASSOCIATION**

September 27, 2010

**Certified Article Number**

7160 3901 9848 9356 7776

**SENDERS RECORD**

Mr. Darren Mickell  
9250 Chelsea Drive  
Miramar, FL 33025

**Re: Application for Disability Benefits**

Dear Mr. Mickell:

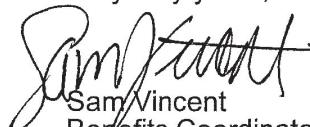
As you requested, we are sending you an application for disability benefits. All claims for disability benefits received in this office must be submitted on the enclosed application form. Please complete the application form, attach all requested documents, include a copy of your birth certificate, and submit to the Plan Office.

The Plan Office will notify you when it receives your application form and will advise you whether any additional information is required in connection with your application.

For your information, a copy of the Bert Bell/Pete Rozelle NFL Player Retirement Plan Summary Plan Description also is enclosed.

If you have any questions, you may contact the Plan Office.

Very truly yours,

  
Sam Vincent  
Benefits Coordinator

Enclosures

MICKELL-0086

A0202

Case: 19-10651 Date Filed: 05/10/2019 Page: 31 of 74



Bert Bell/Pete Rozelle **NFL Player Retirement Plan**

200 Saint Paul Street • Suite 2420 • Baltimore, Maryland 21202-2008  
410-685-5069 • 800-638-3186 • Fax 410-783-0041



October 6, 2011

Mr. Darren Mickell  
9250 Chelsea Dr  
Miramar, FL 33025

Certified Article Number  
7160 3901 9848 9357 7812  
SENDERS RECORD

**Re: Application for Disability Benefits**

Dear Mr. Mickell:

As you requested, we are sending you an application for disability benefits. All claims for disability benefits received in this office must be submitted on the enclosed application form. Please complete the application form, attach all requested documents, include a copy of your birth certificate, and submit to the Plan Office.

The Plan Office will notify you when it receives your application form and will advise you whether any additional information is required in connection with your application.

For your information, a copy of the Bert Bell/Pete Rozelle NFL Player Retirement Plan Summary Plan Description also is enclosed.

If you have any questions, you may contact the Plan Office.

Very truly yours,

Sam Vincent  
Benefits Coordinator

Enclosures

MICKELL-0087

A0203

4-1926



Bert Bell/Pete Rozelle NFL Player Retirement Plan

200 Saint Paul Street • Suite 2420 • Baltimore, Maryland 21202-2008  
410-685-5069 • 800-638-3186 • Fax 410-783-0041



Certified Article Number

7196 9008 9111 4324 6210

SENDERS RECORD

January 11, 2013

Mr. Darren Mickell  
9250 Chelsea Dr  
Miramar, FL 33025

**Re: Application for Disability Benefits**

Dear Mr. Mickell:

As you requested, we are sending you an application for disability benefits. All claims for disability benefits received in this office must be submitted on the enclosed application form. Please complete the application form, attach all requested documents, include a copy of your birth certificate, and submit to the Plan Office.

The Plan Office will notify you when it receives your application form and will advise you whether any additional information is required in connection with your application.

For your information, a copy of the Bert Bell/Pete Rozelle NFL Player Retirement Plan Summary Plan Description also is enclosed.

If you have any questions, you may contact the Plan Office.

Very truly yours,

Megan Anderson  
Benefits Coordinator

Enclosures

MICKELL-0088

A0204



Bert Bell/Pete Rozelle NFL Player Retirement Plan

200 Saint Paul Street • Suite 2420 • Baltimore, Maryland 21202-2008  
410-685-5069 • 800-638-3186 • Fax 410-783-0041



January 29, 2013

Certified Article Number

7196 9008 9111 4327 7993

SENDERS RECORD

Mr. Darren Mickell  
9250 Chelsea Dr  
Miramar, FL 33025

**Re: Application for Disability Benefits**

Dear Mr. Mickell:

As you requested, we are sending you an application for disability benefits. All claims for disability benefits received in this office must be submitted on the enclosed application form. Please complete the application form, attach all requested documents, and submit to the Plan Office.

The Plan Office will notify you when it receives your application form and will advise you whether any additional information is required in connection with your application.

For your information, a copy of the Bert Bell/Pete Rozelle NFL Player Retirement Plan Summary Plan Description also is enclosed.

If you have any questions, you may contact the Plan Office.

Very truly yours,

Elton D. Banks  
Benefits Coordinator

Enclosures



Bert Bell/Pete Rozelle **NFL Player Retirement Plan**

200 Saint Paul Street • Suite 2420 • Baltimore, Maryland 21202-2008  
410-685-5069 • 800-638-3186 • Fax 410-783-0041



June 14, 2013

Certified Article Number

7196 9008 9111 8863 0418

SENDERS RECORD

Mr. Darren Mickell  
9250 Chelsea Dr  
Miramar, FL 33025

**Re: Application for Disability Benefits**

Dear Mr. Mickell:

As you requested, we are sending you an application for disability benefits. All claims for disability benefits received in this office must be submitted on the enclosed application form. Please complete the application form, attach all requested documents, and submit to the Plan Office.

The Plan Office will notify you when it receives your application form and will advise you whether any additional information is required in connection with your application.

For your information, a copy of the Bert Bell/Pete Rozelle NFL Player Retirement Plan Summary Plan Description also is enclosed.

If you have any questions, you may contact the Plan Office.

Very truly yours,

Megan Anderson  
Benefits Coordinator

Enclosures

MICKELL-0090

A0206





COMPLETED  
APPLICATION RECEIVED  
NFL PLAYERS ASSOCIATION SEP 17 2013

Total RECEIVED Benefits Application

JUL 23 2013

JUL 09 2013

11793 M.A.

Signature NFL PLAYER BENEFITS

NFL PLAYER BENEFITS

I certify that all information and documents provided on or with this Total and Permanent Disability Benefits Application are, to the best of my knowledge, true, correct, and complete. I also authorize the Bert Bell/Pete Rozelle NFL Player Retirement Plan to use or disclose all individually identifiable health information submitted to the Plan on my behalf, or created in connection with my Application for disability benefits, to all individuals as needed for Plan purposes.

Signature of Player

Date Completed

7/12/13

#### Player Information

Player's Name (please print)

Mickell Darren

Initial

Date of Birth

Last 1970

First

Initial 1926

Address (number and street)

9250 Chelsea Dr

City

Miramar FL

State FL

Zip Code 33025

Home Phone

Work Phone

Mobile Phone

786-277-5788

E-mail MickyLife92@yahoo.com

#### Medical, Hospital and Other Records

Have you included additional information in support of your Application for disability benefits?

Yes  No If yes, what is enclosed? \_\_\_\_\_

Are there other documents that you intend to include that you have not submitted with this Application?

Yes  No If yes, what will you be sending? \_\_\_\_\_

Note: Applications cannot be processed until all information is received. Please send all supporting information to the Plan Office as soon as possible, or notify the Plan Office if you decide not to send additional information.

#### Disabilities and Cause

(PART 1) Describe all of the conditions that you believe make you unable to work. Please state if any of these conditions resulted from service in the military of any country. You may attach additional sheets if necessary to identify the conditions which you would like the Plan to consider.

Condition 1: NO Cartilage in Both knees, Gore stiff and swell occasionally

Condition 2: Major pain in RT Hip and numbness in LF Hip

Condition 3: Lower Back problems

Condition 4: Pain in RT & LF Shoulders

Condition 5: \_\_\_\_\_

E-Ballot 09/23/2013

MICKELL-0092

A0208

**Disabilities and Cause (Continued)**

**(PART 2)** Higher benefits are payable if the disability(ies) that renders you totally and permanently disabled arose while you were an Active Player, and caused you to be totally and permanently disabled "shortly after" the disability(ies) first arose. In such cases the amount of your benefit will depend on whether your disability(ies) results from NFL football. If you believe you may qualify for such higher benefits, please indicate below (a) when the disability(ies) arose, (b) when they caused you to be totally and permanently disabled, and (c) whether the disability(ies) resulted from NFL football or another cause (for example, auto accident). On (c), please list all injuries, accidents or illnesses that may have caused or contributed in any way to any of the conditions listed in Section 4, Part 1. You may attach additional sheets or supporting documentation.

- (a) RT & Left meniscus shave off while playing for KC Chiefs  
 (b) RT hip strain multiple times in San Diego  
 (c) Lower Back New Orleans & San Diego

**(PART 3)** Describe the problems you are currently experiencing. I have problem standing for a long period of time, walking up and down stairs, bending & squatting down. I have major pain all over my body after doing anything physical. I have a hard time sleeping most night because it is always hurting

**(PART 4)** Please note that special rules apply when a condition relates to alcohol or substance abuse, or to psychiatric problems. In general, if such conditions are the cause of your inability to work, they will automatically be considered to not result from NFL football activities. Certain exceptions apply, as described in the Summary Plan Description. If you believe you qualify for one of these exceptions, please describe and enclose all supporting documentation.

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**Social Security**

Are you currently receiving Social Security disability benefits?  Yes  No

If you checked "Yes" above, you must submit the following:

- a letter or other evidence from the Social Security Administration which states that the Social Security Administration determined you were unable to work; and
- a recent check stub or a letter from your local Social Security Administration office which states that you are still receiving Social Security benefits.

If you checked "No" above, have you applied?  Yes  No

**If you are currently receiving Social Security disability insurance benefits, please disregard the Employment Information Section.**

— CONTINUED ON BACK —

Player's Name Darren Mickell Initial D.M.

**Employment Information**

Are you currently employed?  Yes  No  Never worked after playing NFL football

If you checked "Yes," please complete the following:

Employer FHI Job Title Freight Handler Start Date 4-1-12

Employer's Address \_\_\_\_\_

Supervisor's Name Chatarius Atwell Supervisor's Phone 786-833-6784

Job Description unload freight with Forklift Salary (before tax) 22.00\$

If you checked "No," please complete the following:

Your Last Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Start & End Dates \_\_\_\_\_

Employer's Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

Job Description \_\_\_\_\_

Reason for leaving \_\_\_\_\_

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN  
**RECEIVED**

## DISABILITY BENEFIT PLAYER CONSENT FORM JUL 23 2013

You are applying for disability benefits under the Bert Bell/Pete Rozelle NFL Player Retirement Plan ("Plan"). This form contains important information. Please read the form, sign it, and return it with your application for disability benefits. This form is a required part of the application, and must be completed before your application will be processed.

\* \* \*

I, Darren Mickell (print name), have read and understood the information in this Disability Benefit Player Consent Form.

Signature: D. MickellDate: 7/12/13

In submitting my application for disability benefits, I understand that:

1. I may be required to attend a physical examination with one or more physicians or other health professionals, and that failure to attend may cause my application to be denied.
2. There will be no doctor-patient relationship between me and the physicians or other health professionals who examine me.
3. The physicians or other health professionals who examine me will provide reports on my condition to the Plan, which I may obtain by written request to the Plan Office.
4. The physicians or other health professionals who examine me will not provide a copy of the medical reports to me directly.
5. Neither I nor my representatives (attorneys, treating physicians, etc.) are allowed to contact the physicians or other health professionals arranged by the Plan, such as to discuss their examination of me or to request copies of reports.
6. The physicians or other health professionals who examine me are required to comply with ethical or legal obligations, for example if they determine that I am a danger to myself or to others.
7. By signing this form, I consent to the above points and will comply with the Plan's procedures in connection with my claim for disability benefits.

E-Ballot 09/23/2013

MICKELL-0095

A0211





Bert Bell/Pete Rozelle NFL Player Retirement Plan

200 Saint Paul Street • Suite 2420 • Baltimore, Maryland 21202-2008  
410-685-5069 • 800-638-3186 • Fax 410-783-0041



REGISTERED/RETURN RECEIPT

August 19, 2013

Darren Mickell  
9250 Chelsea Dr  
Tallahassee, FL 32312

Certified Article Number  
7196 9008 9111 8865 0485  
SENDERS RECORD

**Re: Total and Permanent Disability Application**

Dear Mr. Mickell:

The Disability Initial Claims Committee considered your application for Total and Permanent Disability. The Committee tabled its consideration to allow additional time for you to submit additional information about your current employment activities. This information should include a letter from your employer describing your current duties and responsibilities, recent pay stubs, and tax returns for the years 2010, 2011, and 2012.

**Please submit the requested information to the Plan Office by September 19, 2013.**

If you have any questions or concerns, please feel free to contact the Plan Office.

Very truly yours,

Sam Vincent  
Benefit Coordinator

Enclosure

MICKELL-0097

A0213



RECEIVED



**FHI, LLC**

Post Office Box 546  
Fuquay-Varina, NC 27526  
Phone (800) 849-3132 Ext. 392; Fax (800)753-4103

SEP 17 2013

**NFL PLAYER BENEFITS**

September 4, 2013

Re: Verification of Employment

To Whom It May Concern:

This letter is to confirm that Darren Mickell is employed with Freight Handlers, LLC in the Publix Deerfield Distribution Center in Deerfield, FL. Mr. Mickell began his employment with Freight Handlers, LLC on April 26, 2012 and he is a handler. He is a full time associate working between 30 and 40 hours each week.

Freight Handlers, LLC is a company that provides unloading services to trucking companies and receivers of freight.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Howard".

Lisa Howard  
Human Resources Generalist  
800-849-3132 ext. 392

E-Ballot 09/23/2013

MICKELL-0099

A0215

CO. FILE DEPT. CLOCK VCHR. NO.  
FSR 014703 133FRZ 133 0000310192

Taxable Marital Status: Single  
Exemptions/Allowances:  
Federal: 03

## Earnings Statement

Period Ending: 07/25/2013  
Pay Date: 08/01/2013

DARREN MICKELL  
9250 CHELSEA DR  
MIRAMAR, FL 33025

Social Security Number: XXX-XX-1926

Earnings	rate	hours	this period	year to date
Production			812.27	
PTO			80.00	
Custassurebor			81.23	
<b>Gross Pay</b>	\$	<b>973.50</b>		<b>17,991.23</b>

### Important Notes

Employer Identification Nbr: 562174318

**Deductions**

Deductions	Statutory
Federal Withholding Tax	33.28-
Social Security Tax	59.81-
Medicare Tax	13.99-

**Other Benefits and Information**

Information	this period	year to date
401k Match		9.73

### Other

Colonial Postx	19.26-
Child Support	240.82-
*Pretaxed 401k	97.36-
Admin Fee	2.00-
Checking !	498.25-
*Dental	8.73-
<b>Net Pay</b>	<b>\$ 0.00</b>

\* This deduction reduces taxable gross.

Pay to the  
order of DARREN MICKELL  
This Amount: NO AND 00/100 DOLLARS

Advice number: 0000310192  
Period Ending: 07/25/2013  
Pay Date: 08/01/2013  
Employee ID: 10276

\$0.00

**NON-NEGOTIABLE**  
(THIS IS NOT A CHECK)

E-Ballot 09/23/2013

MICKELL-0100

A0216



CO FILE DEPT CLOCK VCHR NO.  
FSR 014703 133FRZ 133 0000330207 1

209-0001

FHI, LLC  
310 N. JUDD PARKWAY  
FUQUAY-VARINA, NC 27526  
CO PH NUMBER 919 - 552 - 3157

Taxable Marital Status: Single  
Exemptions/Allowances:  
Federal: 3  
FL: No State Income Tax

## Earnings Statement



Period Beginning: 07/26/2013  
Period Ending: 08/08/2013  
Pay Date: 08/15/2013

00000000207

DARREN MICKELL  
9250 CHELSEA DR  
MIRAMAR FL 33025

<b>Earnings</b>	<b>rate</b>	<b>hours</b>	<b>this period</b>	<b>year to date</b>	<b>Other Benefits and Information</b>	<b>this period</b>	<b>total to date</b>
Custassurebon			68.86	1,540.57			
Production			688.55	15,405.59			
Vacation			115.49	115.49			
<b>Gross Pay</b>			<b>\$872.90</b>	<b>17,221.65</b>	401K Match	8.72	<b>138.19</b>

<b>Deductions</b>	<b>Statutory</b>	
Federal Income Tax	-24.23	652.17
Social Security Tax	-53.58	1,058.54
Medicare Tax	-12.53	247.56
<b>Other</b>		
Admin Fee	-2.00	34.00
Checking 1	-424.46	
Child Support	-240.82	5,448.33
Colonial Posttx	-19.26	327.42
Dental Ins	-8.73*	148.41
Pretaxed 401K	-87.29*	769.72
<b>Net Pay</b>	<b>\$424.46</b>	

\* Excluded from federal taxable wages

Your federal taxable wages this period are \$776.88

VERIFY DOCUMENT AUTHENTICITY. COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM.

 FHI, LLC 310 N. JUDD PARKWAY FUQUAY-VARINA, NC 27526 CO PH NUMBER 919 - 552 - 3157		Advice number: 0000330207
		Pay date: 08/15/2013
<b>Deposited to the account of</b> <b>DARREN MICKELL</b>		<b>account number</b> transit ABA xxxxxxxxxxxx5683 xxxx xxxx amount \$424.46
<b>THIS IS NOT A CHECK</b>		

E-Bal 09/23/2013

**NON-NEGOTIABLE**

MICKELL-0101

A0217

Case: 19-10651 Date Filed: 05/10/2019 Page: 46 of 74

**Form 1040 U.S. Individual Income Tax Return | 2012 | OMB No. 1545-0074 | IRS Use Only -- Do not write or staple in this space.**

For the year Jan. 1-Dec. 31, 2012, or other tax year beginning \_\_\_\_\_, 2012, ending \_\_\_\_\_, 20\_\_\_\_ See separate instructions.

**For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.**

JVA 12 10401 TWF 1040 Copyright Forms (Software Only) – 2012 TW

Form 1040 (2012)

E-Ballot 09/23/2013

MICKELL-0102

A0218

Case: 19-10651 Date Filed: 05/10/2019 Page: 47 of 74

<b>Tax and Credits</b>	38 Amount from line 37 (adjusted gross income) .....	38	25,716
<b>Standard Deduction for--</b>	39a Check <input checked="" type="checkbox"/> You were born before January 2, 1948, <input type="checkbox"/> Blind. Total boxes if: Spouse was born before January 2, 1948, <input type="checkbox"/> Blind. checked ► 39a		
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	b If your spouse itemizes on a separate return or you were a dual-status alien, check here ► 39b		
• All others: Single or Married filing separately, \$5,950	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) .....	40	8,700
Married filing jointly or Qualifying widow(er), \$11,900	41 Subtract line 40 from line 38 .....	41	17,016
Head of household, \$8,700	42 Exemptions. Multiply \$3,800 by the number on line 6d .....	42	7,600
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	9,416
	44 Tax (see inst.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election	44	943
	45 Alternative minimum tax (see instructions). Attach Form 6251 .....	45	
	46 Add lines 44 and 45 .....	46	943
	47 Foreign tax credit. Attach Form 1116 if required .....	47	
	48 Credit for child & dependent care expenses. Attach Form 2441 .....	48	
	49 Education credits from Form 8863, line 19 .....	49	
	50 Retirement savings contributions credit. Attach Form 8880 .....	50	
	51 Child tax credit. Attach Schedule 8812, if required .....	51	
	52 Residential energy credit. Attach Form 5695 .....	52	
	53 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> .....	53	
	54 Add lines 47 through 53. These are your total credits .....	54	
	55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- .....	55	943
<b>Other Taxes</b>	56 Self-employment tax. Attach Schedule SE .....	56	
	57 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 .....	57	
	58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required .. NO	58	383
59a Household employment taxes from Schedule H .....		59a	
b First-time homebuyer credit repayment. Attach Form 5405 if required .....		59b	
60 Other taxes. Enter code(s) from instructions .....		60	
61 Add lines 55 through 60. This is your total tax .....		61	1,326
<b>Payments</b>	62 Federal income tax withheld from Forms W-2 and 1099 .....	62	976
If you have a qualifying child, attach Schedule EIC.	63 2012 estimated tax payments & amt. applied from 2011 return .....	63	
	64a Earned income credit (EIC) .....	64a	
	b Nontaxable combat pay election <input type="checkbox"/> 64b .....	65	
	65 Additional child tax credit. Attach Schedule 8812 .....	66	
	66 American opportunity credit from Form 8863, line 8 .....	67	
	67 Reserved .....	68	
	68 Amount paid with request for extension to file .....	69	
	69 Excess social security and tier 1 RRTA tax withheld .....	70	
	70 Credit for federal tax on fuels. Attach Form 4136 .....	71	
	71 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Resrvd. c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885 .....	72	
	72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments .....	72	976
<b>Refund</b>	73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid .....	73	
Direct deposit? See instructions.	74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/> ► b Routing no. <input type="checkbox"/> ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings ► d Account no. <input type="checkbox"/>	74a	
	75 Amt. of line 73 you want applied to your 2013 estimated tax ► 75 .....	76	350
<b>Amount You Owe</b>	76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions .....	76	
77 Estimated tax penalty (see instructions) .....	77		
<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No		
	Designee's name ► <i>R. M. Richardson</i>	Phone no. ► <input type="checkbox"/>	Personal identification number (PIN) ► <input type="checkbox"/>
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Joint return? See instructions. Keep a copy for your records.	Your signature <i>R. M. Richardson</i>	Date 7/23/13	Your occupation FREIGHT HANDLER
	Spouse's signature, if a joint return, both must sign. <input type="checkbox"/>	Date	Spouse's occupation
			Daytime phone number
<b>Paid Preparer Use Only</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)		
	Print/Type preparer's name Thomas Richardson	Preparer's signature	Date
	Firm's name ► CPATAX GROUP	Firm's EIN ► 45-4281377	
	Firm's address ► 9917 MIRAMAR PKWY	Phone no.	
	MIRAMAR FL 33025	(954) - 435-0002	



**2012 PENSIONS AND ANNUITIES SUMMARY ATTACHMENT**

DARREN MICKELL

[REDACTED]  
1926

Payer Name	Payer's Federal EIN	T or S	Pension Amount	Taxable Amount	Capital Gain Incl in Box 2a	Federal Tax Withheld	Distrib Code	IF SI
NFL PLAYER ANNUITY PR 25-1926716 T			11,303	3,830				1
TOTAL PENSIONS			11,303	3,830				
TOTAL 1099Rs			11,303	3,830				

2010 Roth Conversion Taxed in Future Years	2012 Taxable Amount	Note: Amounts All amounts will 16b, as applica
Taxpayer IRA conversion to Roth (2010 Form 8606, line 20b, or 2011 Form 8606, line 38, if applicable) . . . . .		
Spouse IRA conversion to Roth (2010 Form 8606, line 20b, or 2011 Form 8606, line 38, if applicable) . . . . .		
Taxpayer retirement plan conversion to Roth (2010 Form 8606, line 25b, or 2011 Form 8606, line 48, if applicable) . . . . .		
Spouse retirement plan conversion to Roth (2010 Form 8606, line 25b, or 2011 Form 8606, line 48, if applicable) . . . . .		

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E-Ballot 09/23/2013

MICKELL-0105

A0221



 **Transactions**

**Mickell, Darren**

Position:	DE
College:	Florida
Current Club:	
Current Status:	Free Agent

Date	Start Club	Result Club	Potential Club	Initial Status	Result Status	Description	Comments
10/9/2001	OAK			Active	Free Agent	Terminated, Vested Veteran, all contracts	
10/2/2001		OAK		Free Agent	Active	Free Agent Signing	
8/28/2001	OAK			Active	Free Agent	Terminated, Vested Veteran, all contracts	
6/5/2001		OAK		Free Agent	Active	Free Agent Signing	
6/4/2001	SD			R/UFA	Free Agent	Not Asked to Re-Sign	
3/1/2001	SD	SD		R/Cont. Expired	R/UFA	Reserve, Unrestricted Free Agent	
3/1/2001	SD	SD		Active	R/Cont. Expired	Contract Expired	
2/28/2000		SD		Free Agent	Active	Free Agent Signing	
1/18/2000		SD		Free Agent	Free Agent	Visit	
11/16/1999		CHI		Free Agent	Free Agent	Tryout	
11/10/1999	NO			Waivers/No Rec.	Free Agent	Terminated Via Waivers, all contracts	
11/9/1999	NO	NO		Inactive	Waivers/No Rec.	Waived, No Recall	
11/7/1999	NO	NO		Active	Inactive	De-Activated	
10/27/1999	NO	NO		Inactive	Active	Activated, from Inactive	
10/24/1999	NO	NO		Active	Inactive	De-Activated	
10/20/1999	NO	NO		Inactive	Active	Activated, from Inactive	
10/17/1999	NO	NO		Active	Inactive	De-Activated	
10/13/1999	NO	NO		Inactive	Active	Activated, from Inactive	
10/10/1999	NO	NO		Active	Inactive	De-Activated	
10/6/1999	NO	NO		Inactive	Active	Activated, from Inactive	
10/3/1999	NO	NO		Active	Inactive	De-Activated	
9/28/1999	NO	NO		Ex/Comm. Perm.	Active	Counts on Active List	
9/16/1999	NO	NO		Ex/Comm. Perm.	Ex/Comm. Perm.	Signed, Renegotiated Contract (pd-->pd)	
9/16/1999	NO	NO		Ex/Comm. Perm.	Ex/Comm. Perm.	Contract Told	
9/16/1999	NO	NO		R/Retired	Ex/Comm. Perm.	Reinstated	
2/23/1998	NO	NO		Active	R/Retired	Reserve/Retired	
12/24/1997	NO	NO		Inactive	Active	Activated, from Inactive	
12/21/1997	NO	NO		Active	Inactive	De-Activated	
12/18/1997	NO	NO		Inactive	Active	Activated, from Inactive	
12/12/1997	NO	NO		Active	Inactive	De-Activated	
10/24/1997	NO	NO		Active	Active	Signed, Renegotiated Contract (pd-->pd)	
4/22/1997	NO	NO		Active	Active	Signed, Renegotiated Contract (pd-->pd)	
11/8/1996	NO	NO		Ex/Comm. Perm.	Active	Counts on Active List	
11/4/1996	NO	NO		Active	Ex/Comm. Perm.	Exempt/Commissioner Permission	
11/4/1996	NO	NO		R/Comm. Susp.	Active	Suspension Lifted by Commissioner	
10/4/1996	NO	NO		Active	R/Comm. Susp.	Reserve/Indefinite Suspension	
8/23/1996	NO	NO		EX/CP at 65-Cut	Active	Counts on Active List	
8/19/1996	NO	NO		EX/CP at 65-Cut	EX/CP at 65-Cut	Passed Physical	
8/12/1996	NO	NO		Active/PUP	EX/CP at 65-Cut	Exempt/Commissioner Permission at Cutdown to 60	
8/12/1996	NO	NO		Active	Active/PUP	Declared Physically Unable to Perform	
8/12/1996	NO	NO		R/DNR	Active	Reinstate	
7/15/1996	NO	NO		Active	R/DNR	Reserve/Did Not Report	
3/21/1996	KC	NO	ATL	R/UFA	Active	Unrestricted Free Agent Signing	
2/27/1996	KC	KC	ATL	R/UFA	R/UFA	Visit	
2/26/1996	KC	KC	NO	R/UFA	R/UFA	Visit	
2/22/1996	KC	KC	MIN	R/UFA	R/UFA	Visit	
2/16/1996	KC	KC		R/Cont. Expired	R/UFA	Reserve, Unrestricted Free Agent	
2/15/1996	KC	KC		Active	R/Cont. Expired	Contract Expired	
11/12/1995	KC	KC		Inactive	Active	Activated, from Inactive	
10/13/1995	KC	KC		Active	Inactive	De-Activated	
10/1/1995	KC	KC		Inactive	Active	Activated, from Inactive	
9/24/1995	KC	KC		Active	Inactive	De-Activated	
12/26/1992	KC	KC		R/I; Counts PS	Active	Activated, from Reserve	
11/11/1992	KC	KC		R/I; Injured	R/I; Counts PS	Reserve/Injured; Counts on Practice Squad	
9/30/1992	KC	KC		Active	R/I; Injured	Reserve/Injured	
9/29/1992	KC	KC		Ex/Comm. Perm.	Active	Counts on Active List	
9/16/1992	KC	KC		Active	Ex/Comm. Perm.	Exempt/Commissioner Permission	
9/16/1992	KC	KC		R/Drft; Unsigned	Active	Selection List Signing	
9/15/1992	KC	KC		Free Agent	Active	* Signing Record *	

E-Ballot 09/23/2013

MICKELL-0107

A0223

CHECKLIST FOR DISABILITY INITIAL CLAIMS COMMITTEE

1. Name of Player Darren Mickell 2. Date of Birth 1970
3. Credited Seasons according to Plan records 8 seasons (1992-1997, 1999-2000)
4. Date Completed Disability Application received 9/17/13
5. Does Player Seek LOD Benefits?  Yes  No  
(If "No," skip to 6)
  - A. Was application received timely after Player ceased to be an Active Player?  Yes  No  Not clear (If "Yes," skip to 6)
  - B. Does Player request exception to 48 month rule?  Yes  No
6. Does Player Seek T&P Benefits?  Yes  No  
(If "No," skip to 8)
  - A. Does Player Seek Retroactive T&P Benefits?  Yes  No  
(If "No," skip to item 6E below)
  - B. Claimed Effective Date for T&P \_\_\_\_\_
  - C. Does Player claim exception to 42-month rule?  Yes  No
  - D. Does Player claim exception to substance abuse and psychiatric rules?  
 Yes  No  N/A
7. Does Application Include:

Tax Returns?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
SSA Income Statement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Information on Prior Employers?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Medical and Hospital Records?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
8. Claim Processing
  - A. Reviewed at DICC meeting on \_\_\_\_\_ Action Taken \_\_\_\_\_  
Reviewed at DICC meeting on \_\_\_\_\_ Action Taken \_\_\_\_\_  
Reviewed at DICC meeting on \_\_\_\_\_ Action Taken \_\_\_\_\_  
Reviewed at DICC meeting on \_\_\_\_\_ Action Taken \_\_\_\_\_
  - B. Letter describing DICC Decision sent to Player on \_\_\_\_\_
  - C. If claim denied, date appeal letter received \_\_\_\_\_
9. Additional Comments  
X applyed X  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLAYER:

Darren Mickell

SSN4: 1926

DOB: [REDACTED] /1970

ISSUE:

Application for **Total and Permanent** Disability Benefits

FACTS:

**Eight (8) Credited Seasons: 1992-1997, 1999-2000**

Sum of Benefit Credits: **\$2,720.00**

ATTACHMENTS:

- 1) Checklist for the Disability Initial Claims Committee
- 2) Player's Completed Application received 09/17/2013
- 3) Letter dated 09/04/2013 with attachments  
Lisa Howard (Human Resource Generalist at FHI, LLC)
- 4) NFL Records

DECISION: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

**E-Ballot 09/23/2013**

**DISABILITY CASE # 3**

MICKELL-0109

A0225

PLAYER:

Darren Mickell

SSN4: -1926

DOB: [REDACTED] 1970

ISSUE:

Application for **Total and Permanent Disability Benefits**

FACTS:

**Eight (8) Credited Seasons: 1992-1997, 1999-2000**

Sum of Benefit Credits: **\$2,720.00**

ATTACHMENTS:

- 1) Checklist for the Disability Initial Claims Committee
- 2) Player's Completed Application received 09/17/2013
- 3) Letter dated 09/04/2013 with attachments  
Lisa Howard (Human Resource Generalist at FHI, LLC)
- 4) NFL Records

DECISION:

*Do not employ*

EFFECTIVE DATE:

E-Ballot 09/23/2013

DISABILITY CASE # 3

MICKELL-0110

A0226




**Bert Bell/Pete Rozelle NFL Player Retirement Plan**

200 Saint Paul Street • Suite 2420 • Baltimore, Maryland 21202-2008  
 410-685-5069 • 800-638-3186 • Fax 410-783-0041


**REGISTERED/RETURN RECEIPT**

September 27, 2013

**Certified Article Number**

7196 9008 9111 8863 7509

**SENDERS RECORD**

Mr. Darren Mickell  
 9250 Chelsea Drive  
 Miramar, FL 33025

**Re: Application for Total and Permanent Disability Benefits**

Dear Mr. Mickell:

On September 27, 2013, the Disability Initial Claims Committee ("Committee") of the Bert Bell/Pete Rozelle NFL Player Retirement Plan ("Plan") considered your application for total and permanent ("T&P") disability benefits. We regret to inform you that the Committee denied your application for T&P disability benefits. This letter describes the Committee's decision.

**Relevant Plan Provisions**

Plan section 5.1 provides that:

"An Eligible Player whose application for total and permanent disability ("T&P") benefits is received by this Plan on or after September 1, 2011, who is determined by the Retirement Board or the Disability Initial Claims Committee to be totally and permanently disabled in accordance with Section 5.2, and who satisfies the other requirements of this Article 5, will receive a monthly T&P benefit in the amount described in Section 5.5 for the months described in Sections 5.8 and 5.9."

For purposes of this Article, an Eligible Player is a Vested Inactive Player or an Active Player."

Plan section 5.2(a) provides that:

"An Eligible Player who is not receiving monthly retirement benefits under Article 4 or Article 4A will be deemed to be totally and permanently disabled if the Retirement Board or the Disability Initial Claims Committee finds (1) that he has become totally disabled to the extent that he is substantially prevented from or substantially unable to engage in any occupation or employment for remuneration or profit, but expressly excluding any disability suffered while in the military service of any country, and (2) that such condition is permanent. The

RBM 05/15/2014

MICKELL-0112

A0228

educational level and prior training of a Player will not be considered in determining whether such Player is "unable to engage in any occupation or employment for remuneration or profit." A Player will not be considered to be able to engage in any occupation or employment for remuneration or profit within the meaning of this Section 5.2 merely because such person is employed by the League or an Employer, manages personal or family investments, is employed by or associated with a charitable organization, is employed out of benevolence, or receives up to \$30,000 per year in earned income. A disability will be deemed to be "permanent" if it has persisted or is expected to persist for at least twelve months from the date of its occurrence, excluding any reasonably possible recovery period."

#### Discussion

On September 27, 2013 the Committee denied your application for T&P benefits because you are currently employed. The Committee determined that your current employment is not associated with the League or an Employer, personal or family investments, a charitable organization, or out of benevolence. Therefore, the Committee found that you are not totally and permanently disabled under Plan section 5.2(a).

#### Appeal Rights

Attached to this letter is section 12.6 of the Plan, which governs your right to appeal the Committee's decision. You may appeal the Committee's decision to the Plan's Retirement Board by filing a written request for review with the Retirement Board at this office within 180 days of your receipt of this letter. You should also submit written comments, documents and any other information that you believe shows you qualify for these benefits. The Retirement Board will take into account all available information, regardless of whether that information was available or presented to the Committee. Please note that if the Retirement Board reaches an adverse decision on review, you may then bring a civil action under section 502(a) of the Employee Retirement Income Security Act of 1974, as amended, 27 U.S.C. §1132(a).

A copy of the Bert Bell/Pete Rozelle NFL Player Retirement Plan Summary Plan Description is enclosed. If you have any questions, please contact the Plan Office.

Very truly yours,

  
Paul Scott  
Director of Disability Benefits  
on behalf of the Disability Initial Claims Committee

prs

Enclosure

RBM 05/15/2014

MICKELL-0113

A0229



I, Darren Mickell, is requesting  
a copy of the letter denying me  
disability from the NFL.

D. Mickell

1926-277-5718  
1926

Fax to Mandy 954-485-9999

410-145-5109  
Attn: Elliott

MICKELL-0115

A0231



Case: 19-10651 Date Filed: 05/10/2019 Page: 61 of 74

P. 1

\* \* \* Communication Result Report (Dec. 17, 2013 1:56PM) \* \* \*

1}

2}

Date/Time: Dec. 17, 2013 1:53PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
0217 Memory TX Elton Banks	919549899999	P. 3	OK	

## Reason for error

- E. 1) Hang up or line fail  
 E. 3) No answer  
 E. 5) Exceeded max. E-mail size

- E. 2) Busy  
 E. 4) No facsimile connection



NFL Player Benefits  
200 Saint Paul Street • Suite 2420 • Baltimore, Maryland 21202-3002  
410-685-0000 • 800-636-3126 • Fax 410-783-0041



- DEEP BANK/PURE RETIRE NFL PLAYER RETIREMENT PLAN  
 NFL PLAYER SECOND CAREER SAVINGS PLAN  
 NFL PLAYERS SUPPLEMENTAL DISABILITY PLAN  
 NFL PLAYERS ANNUITY PROGRAM  
 NFL PLAYERS HEALTH RETIREMENT ACCOUNT PLAN  
 401K PLAN

## FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Mandy	Elton
COMPANY:	DATE:
	12/17/2013
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
954-989-9999	3
PHONE NUMBER:	
RE:	Darron Mickell

## NOTES/COMMENTS:

Note: This facsimile transmission is intended only for the use of the addressee and may contain information which is privileged, confidential or prohibited by law from disclosure. Any use, distribution, copying or disclosure by OR to another person is strictly prohibited. Promptly notify sender of any error in transmission and return the original message to the above address via U.S. Postal Service.

MICKELL-0117

A0233





Paulino-Grisham, Smith, & Chmielarz, P.A.

December 19, 2013

**Sent Via U.S. Mail & Facsimile: (410) 783-0041**

Retirement Board for the  
 Bert Bell/Pete Rozelle NFL Player Retirement Plan  
**Attn.: Paul Scott, Director of Disability Benefits and Elton Banks**  
 200 St. Paul Street, Suite 2420  
 Baltimore, MD 21208-2008

**RE: Name: Darren Mickell**  
**Incident #: Application for Total and Permanent Disability Benefits**

Dear Mr. Scott and Mr. Banks:

Please be advised that this Firm has been retained to represent Darren Mickell in the above-referenced matter. At this time, I am requesting that you and all other representatives of the Bert Bell/Pete Rozelle NFL Player Retirement Plan ("the Plan") kindly refrain from having any contact with Mr. Mickell and to direct any and all correspondence to me.

Pursuant to Mr. Mickell's appeal rights under the Plan as well as the full and fair disclosure requirements of the Employment Retirement Income Security Act of 1974, 29 U.S.C. § 1001 *et seq.* (hereinafter referred to as "ERISA"), Mr. Mickell is exercising his right, and the Plan is being requested to forward **a copy of the Bert Bell/Pete Rozelle NFL Player Retirement Plan, including a copy of all sections referenced in the September 27, 2013 Denial letter, as well as copies of all documents "relevant"<sup>1</sup> to the Plan's determination to deny benefits in the above-referenced matter to our Hollywood office location, at 4151 Hollywood Boulevard.**

---

<sup>1</sup> Pursuant to 29 C.F.R. § 2560.503-1: "[a] document, record, or other information shall be considered 'relevant' to a claimant's claim if such document, record, or other information

- (i) Was relied upon in making the benefit determination;
- (ii) Was submitted, considered, or generated in the course of making the benefit determination, without regard to whether such document, record, or other information was relied upon in making the benefit determination;
- (iii) Demonstrates compliance with the administrative processes and safeguards required pursuant to paragraph (b)(5) of this section in making the benefit determination; or
- (iv) In the case of a group health plan or a plan providing disability benefits, constitutes a statement of policy or guidance with respect to the plan concerning the denied treatment option or benefit for the claimant's diagnosis, without regard to whether such advice or statement was relied upon in making the benefit determination."



[www.dlawgroup.com](http://www.dlawgroup.com)

Nationwide

if 888.644.2644

Broward (Correspondences)

4151 Hollywood Boulevard  
 Hollywood, Florida 33021  
 ofc 954.989.9000  
 fax 954.989.9999

West Palm Beach

224 Datura Street, Suite 402  
 West Palm Beach, Florida 33401  
 ofc 561.202.9170  
 fax 561.202.9194

Page 2 of 3

Claimant: Darren Mickell  
Re: Application for Total and Permanent Disability Benefits

**Hollywood, FL 33021** in a timely manner, including but not limited to any of the following documents and/or information in its control or possession:

- A complete copy of Mr. Mickell's claim files for Mr. Mickell's disability claim pursuant to the Plan;
- A **complete copy** of the summary plan description, **plan documents**, and any other documents under which the plan is established or operated that are relevant to the above-referenced matter;
- Any and all documentation relevant to whether the disability plans at issue in this matter are governed by ERISA (or are not governed by ERISA, or are exempt from ERISA);
- Any and all inter office memoranda, notes, reports, communications or documents relevant to its review of Mr. Mickell's disability claim;
- Any and all medical records received during the review of Mr. Mickell's disability claim;
- Any and all correspondence (including E-mail) between the Plan, the Plan's Disability Initial Claims Committee ("the Committee") and any third party relevant to the review of Mr. Mickell's disability claim;
- Any and all internal correspondence (including E-mail) between the Plan, the Committee and Mr. Mickell's physician(s) relevant to Mr. Mickell's disability claim;
- All telephone logs, transcripts and audio recordings discussing Mr. Mickell's claim or entitlement to benefits;
- Copies of any and all video footage of anything relevant to the Plan and the Committee's claim determination (including but not limited to: video surveillance of Mr. Mickell, video footage of medical examinations, videotaped statements, and all other relevant video footage);
- Any and all financial analysis, notes or reports relevant to Mr. Mickell's disability claim, including but not limited to any calculation of the reserves placed on the claim, any calculation of the total cost of payment of the maximum benefits under the policy, or calculation of any type of monetary savings to the Plan as a result of the claim denial(s);
- Curriculum Vitae and/or Resumes of all doctors, vocational professionals, and any other professionals who were involved in and/or evaluated Mr. Mickell's disability claim;
- All reports and all other forms of documentation generated by specialists, including but not limited to physicians, vocational experts, and medical professionals relevant to Mr. Mickell's disability claim;
- Medical reports and medical records summaries completed by or at the request of the Plan and/or the Committee that are relevant to Mr. Mickell's disability claim;



Page 3 of 3

Claimant: Darren Mickell  
 Re: Application for Total and Permanent Disability Benefits

- Claim manuals, directives, explanations, guides, memorandums, etc., that discuss the administration and evaluation of claims by the Committee and/or the Plan;
- Claims Review Training documents used by the Committee and/or the Plan;
- Claims Review Training videos and tapes used by the Committee and/or the Plan;
- Guides pertaining to claims resolutions used by the Committee and/or the Plan;
- Medical guides relied upon for assessing impairment;
- Marketing materials concerning the subject disability plan(s);
- Any and all documents demonstrating compliance with the requirement that the Committee and/or the Plan claim procedures contain administrative processes and safeguards designed to ensure and to verify that benefit claim determinations are made in accordance with governing plan documents and that, where appropriate, the plan provisions have been applied consistently with respect to similarly situated claimants, in making the benefit determination at issue here;
- Any and all statement(s) of policy or guidance with respect to the plan concerning the denied benefit without regard to whether such advice or statement was relied upon making the benefit determination;
- If an internal rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination, please provide either the specific rule, guideline, protocol, or other similar criterion; or a statement that such a rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination and that a copy of such rule, guideline, protocol, or other criterion; and
- Any and all other documents, reports, communications or information relevant to Mr. Mickell's claim for disability benefits and the Committee and/or the Plan's claim determination and reasons for the denial of payment of full benefits.

As time is of the essence in this matter, I will look forward to your timely and cooperative response. You may contact me with any questions or concerns at (954) 989-9000.

Very truly yours,

Mindy L Chmielarcz  
For the Firm

Enclosure



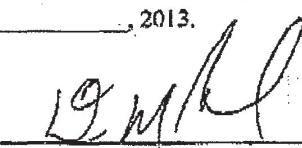
MICKELL-0121

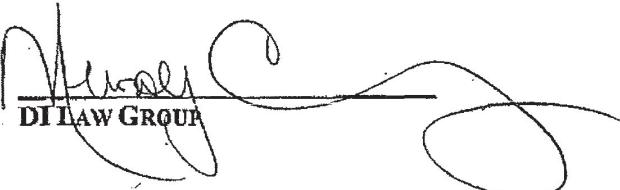
A0237

**AUTHORIZATION FOR RELEASE OF RECORDS AND COMPLETE FILE**

I, DARREN MICKELL, hereby authorize and instruct **NFL PLAYERS ASSOCIATION**, ("EMPLOYER") its personnel and/or its agents to release to **PAULINO-GRISHAM, SMITH & CHMIELARZ, P.A., DISABILITY INSURANCE LAW GROUP** ("DI LAW GROUP"), copies of: (A) any and all plan documents related to any of my employee benefits offered as a result of my employment with EMPLOYER; (B) my complete personnel and employee file, including but not limited to all notes, employee reviews, employee awards and/or recognition for job performance, attendance records, employee reprimands, applications, job description, personal statements, employer memos, employment agreement, any correspondence (including ingoing, outgoing, and internal) related to my employment, notes, messages, et al., and any other documents relevant to my employment with EMPLOYER; (C) any and all documentation related to my medical condition interfering with my job performance; and (D) any and all documentation related to my disability insurance claim(s) filed with EMPLOYER and/or **BERT RELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN**.

Dated this 12 day of 17, 2013.

  
DARREN MICKELL

  
DI LAW GROUP

MICKELL-0122

A0238





Bert Bell/Pete Rozelle **NFL Player Retirement Plan**

200 Saint Paul Street • Suite 2420 • Baltimore, Maryland 21202-2008  
410-685-5069 • 800-638-3186 • Fax 410-783-0041



**MEMORANDUM**

**TO:** Natallia Maroz  
Groom Law Group  
1701 Pennsylvania Ave NW Ste 1200  
Washington, DC 20006

**FROM:** Elise Richard

**RE:** Bert Bell/Pete Rozelle NFL Player Retirement Plan

**Date:** January 2, 2014

---

A requested by the Player's attorneys, Paulino-Grisham, Smith, & Chmielarz, P.A., Disability Insurance Law Group, enclosed is a copy of Mr. Mickell's file. Please forward it to the Disability Insurance Law Group at this address: 4151 Hollywood Boulevard, Hollywood, FL 33021. If you have any questions, please let me know.

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---

MICKELL-0124

A0240



Case: 19-10651 Date Filed: 05/10/2019 Page: 70 of 74



Bert Bell/Pete Rozelle NFL Player Retirement Plan

200 Saint Paul Street • Suite 2420 • Baltimore, Maryland 21202-2008  
410-685-5069 • 800-638-3186 • Fax 410-783-0041



January 16, 2014

Certified Article Number

7196 9008 9111 8863 7837

SENDERS RECORD

Mr. Darren Mickell  
9250 Chelsea Dr  
Miramar, FL 33025

**Re: Application for Disability Benefits**

Dear Mr. Mickell:

As you requested, we are sending you an application for disability benefits. All claims for disability benefits received in this office must be submitted on the enclosed application form. Please complete the application form, attach all requested documents, and submit to the Plan Office.

The Plan Office will notify you when it receives your application form and will advise you whether any additional information is required in connection with your application.

For your information, a copy of the Bert Bell/Pete Rozelle NFL Player Retirement Plan Summary Plan Description also is enclosed.

If you have any questions, you may contact the Plan Office.

Very truly yours,

Elton D. Banks  
Benefits Coordinator

Enclosures

MICKELL-0126

A0242



**Elise Richard**

**From:** Xia, Rita (yxia@groom.com) [YXia@groom.com]  
**Sent:** Tuesday, January 28, 2014 4:40 PM  
**To:** Mindy@Dilawgroup.com  
**Cc:** Elise Richard  
**Subject:** Darren Mickell record  
**Attachments:** Darren Mickell.pdf

Dear Ms. Mindy Chmielarz,

Groom Law Group is counsel to the Bert Bell/Pete Rozelle NFL Player Retirement Plan (the “Plan”). In response to your recent request, I am forwarding a complete copy of Mr. Darren Mickell’s file. Please be advised that pursuant to the Plan, we have a 30-day period before we respond to requests for Players’ files. Thank you for your time and patience. Please don’t hesitate to contact me with any questions.

Sincerely,  
Rita Xia  
Legal Secretary  
Groom Law Group  
1701 Pennsylvania Ave NW, Ste 1200  
Washington, DC 20006  
t: (202) 861-2607  
f: (202) 659-4503  
e: [YXia@groom.com](mailto:YXia@groom.com)

**GROOM LAW GROUP**

CHARTERED

Rita Xia / Legal Secretary / 1701 Pennsylvania Ave., NW / Washington, DC 20006 / Phone: 202-861-2607 / Fax: 202-659-4503 / [www.groom.com](http://www.groom.com) / [YXia@groom.com](mailto:YXia@groom.com)

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To comply with U.S. Treasury Regulations, we also inform you that, unless expressly stated otherwise, any tax advice contained in this communication is not intended to be used and cannot be used by any taxpayer to avoid penalties under the Internal Revenue Code, and such advice cannot be quoted or referenced to promote or market to another party any transaction or matter addressed in this communication.





Paulino-Grisham, Smith, &amp; Chmielarz, P.A.

February 4, 2014

RECEIVED

FEB 04 2014

NFL PLAYER BENEFITS

Sent Via U.S. Mail & Facsimile (410) 723-0043  
 Retirement Board for the  
 Bert Bell/Pete Rozelle NFL Player Retirement Plan  
 Attn.: Paul Scott, Director of Disability Benefits  
 200 St. Paul Street, Suite 2420  
 Baltimore, MD 21208-2008

**RE: Name: Darren Mickell**  
**Incident #: Application for Total and Permanent Disability Benefits**

Dear Mr. Scott:

As you were advised in my letter dated December 19, 2013, this law firm represents Darren Mickell in his claim for disability benefits pursuant to his rights under the Bert Bell/Pete Rozelle NFL Player Retirement Plan ("the Plan"). Additionally, you were asked to provide me with a copy of the Bert Bell/Pete Rozelle NFL Player Retirement Plan, including a copy of all sections referenced in the September 27, 2013 Denial letter, as well as copies of all documents "relevant" to the Plan's determination to deny disability benefits to Mr. Mickell. After numerous calls and email correspondence, I was contacted by attorney Alvaro Anillo on January 28, 2014 and emailed 35 pages of documents from Rita Xia, legal Secretary at Groom Law Group, in which she advised that attached to her email is a complete copy of Mr. Darren Mickell's file. Please note that the documents sent to me by Ms. Xia did not include any Plan Documents, a copy of the Plan, the specific Plan Sections referred to in the September 27, 2013 Denial Letter, or Section 12.6 of the Plan, which was supposed to be attached to the September 27, 2013 Denial Letter.

Upon receipt of the claim file, I contacted Mr. Anillo to advise that due to delays by the Bert Bell/Pete Rozelle NFL Player Retirement Plan and the Groom Law Group, Mr. Mickell needs additional time to file an appeal, specifically 30 days, in order to provide him with sufficient time to review the documents, obtain information in support of his claim, and prepare his response. I spoke directly with Mr. Anillo and was explicitly advised that the requested 30 day extension will be honored; however, I must first send a letter advising that Mr. Mickell is appealing the Denial of benefits. In order to avoid any confusion and make sure that I clearly understood Mr. Anillo's advice, I asked Mr. Anillo to unequivocally confirm that as long as I send a letter to Paul Scott advising that Mr. Mickell is appealing the denial of benefits and requesting a 30 day extension to file his appeal,



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**Nationwide**

888.644.2544

**Broward (Correspondences)**
 4151 Hollywood Boulevard  
 Hollywood, Florida 33021  
 ofc 954.989.9000  
 fax 954.989.9999
**West Palm Beach**
 224 Datura Street, Suite 402  
 West Palm Beach, Florida 33401  
 ofc 561.202.9170  
 fax 561.202.9194

RBM 05/15/2014

MICKELL-0130

A0246